Missouri Department of Mental Health
Division of Alcohol and Drug Abuse

March 2010

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Parole and Probation and the Need for Substance Abuse Treatment

It is well established that substance abuse and criminal behavior are closely linked and that a majority of incarcerated offenders have substance abuse problems. Approximately 65 percent of all U.S. inmates meet the medical criteria for substance abuse addiction.[1] In Missouri, about 43,700 offenders on parole or probation need substance abuse treatment. Another 12,000 offenders experience episodic abuse and need intervention.[2] Offenders with substance abuse disorders tend to have a higher rate of criminal justice involvement compared to offenders without substance abuse issues.[1] Research has shown that criminal activity and re-incarceration rates among offenders with substance abuse disorders can be reduced with treatment. Moreover, a combination of institutional treatment followed by community-based treatment produces better outcomes than institutional treatment only or no treatment.[3]

Adult Offenders in Community-based Treatment: Approximately 6,200 parolees and 18,400 probationers annually receive community-based treatment through the Missouri Division of Alcohol and Drug Abuse's network of treatment providers. This represents about 56 percent of parolees and probationers who need treatment in the state. About one-fourth of offenders receiving treatment are female and approximately 300 are pregnant. Roughly, 6,600 offenders in treatment are also caring for dependent children. The average age for a probationer in treatment is 32 while that for a parolee is 35. Most offenders admitted to treatment are poly-substance abusers. The most common substance abuse problems involve marijuana and alcohol—each impacting about 60 percent of offenders. Rates of methamphetamine and cocaine addiction are 22 percent and 20 percent, respectively. About 7 percent of offenders struggle with heroin addiction. Overall, 83 percent of offenders entering treatment have a problem with at least one illicit drug.

Treatment Outcomes: Roughly, one-third of all released offenders will return to prison within 12 months.[4] Of those Missouri parolees and probationers receiving substance abuse treatment between July 1, 2007 and June 30, 2008, only 20 percent were back in prison in the following year.

Six months after treatment admission:

Substance Use: 77 percent of offenders reported no current use of alcohol or illegal drugs.

Employment: 49 percent of offenders were currently employed or attending school.

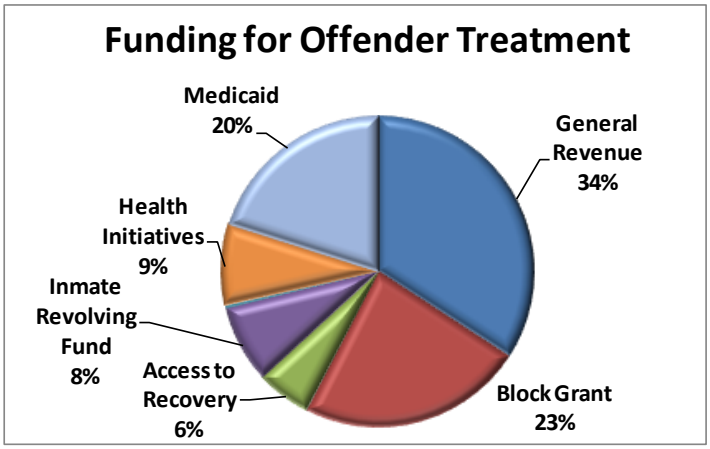
Housing: 44 percent of offenders had a permanent place to live.

Crime: 82 percent reported no criminal activity in the past month and 93 percent had no arrests.

Self-Help: 39 percent were participating in self-help groups.

All lifestyle domains show improvement from admission to six months after admission with substance use and criminal activity showing the greatest change.

Treatment Funding: The average cost to treat an offender with substance abuse problems is $1,400 which is considerably less than the average yearly cost of $16,458 to incarcerate the offender.[5] Overall, treatment funding is about 41 percent from federal sources and 59 percent from state sources. The Inmate Revolving Fund, generated through the collection of fees from parolees and probationers, also funds treatment services.



Sources:

[1]The National Center on Addiction and Substance Abuse at Columbia University (2010, February). *Behind Bars II: Substance Abuse and America's Prison Population*. New York: CASA.

[2]Missouri Department of Corrections (2009, April). *A Profile of the Institutional and Supervised Offender Population on June 30, 2008*.

[3]McCollister, K.E (2009, August) "Cost-Effectiveness of Substance Abuse Treatment in Criminal Justice Settings." Policy Brief. Substance Abuse Policy Research Program. (http://saprp.org).

[4]Missouri Department of Corrections (2008). *Missouri Department of Corrections Annual Report 2008*. Jefferson City, MO.

[5]Missouri Department of Corrections (2009, March 9). Email communication.

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